

# TOWN OF HOLLY HILL

## APPLICATION FOR USE OF THE GILMORE PARK FACILITY LOCATED AT 531 PARK CIRCLE

\*Return this form to Town Hall at 8423 Old State Road, Suite # 1, Holly Hill, SC 29059-8100 or fax it to (803) 496-5211

Name of Applicant: \_\_\_\_\_  
Contact Person (if different): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Daytime Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_  
Date(s) to be used: \_\_\_\_\_ Hours: \_\_\_\_\_ to \_\_\_\_\_  
Purpose: \_\_\_\_\_

### CONTRACTUAL RESTRICTIONS

*\*The sponsoring person or organization agrees to accept responsibility for the conduct of individuals attending the activity and to pay for any damage caused.*

*\*NO SMOKING allowed in the building.*

*\*NO ALCOHOLIC BEVERAGES allowed anywhere in the park.*

*\*The user agrees to hold the Town of Holly Hill, its officers, employees and agents harmless for injuries to persons or property suffered during the use of the facility.*

*\*The \$50.00 security deposit is only refunded if all restrictions are followed and the facility is left CLEAN.*

### FEES (See schedule of fees below) Payable to the "Town of Holly Hill"

Facility Rent: \_\_\_\_\_ Custodian Fee: \_\_\_\_\_  
Security Deposit: \_\_\_\_\_ TOTAL DUE: \_\_\_\_\_

Facility Rent: A flat rate of \$75.00 for the first four (4) hour period and \$15.00 for each additional hour of use or occupancy (including set-up and take down time).  
Custodian Fee: A rate of \$8.00 per hour as required.  
Security Deposit: \$50.00 Refundable ONLY if an inspection of the facility following the activity proves to be satisfactory. Notice of cancellation must be received prior to (7) days before the scheduled activity to receive a 1/2 of the deposit. If notice is given less than (7) days prior, NO refund will be issued.

### FEES DOUBLE FOR ALL HOLIDAY WEEKEND RENTALS

I HAVE READ AND UNDERSTAND THE CONDITIONS OF THIS LEASE INCLUDING THE RESTRICTIONS STATED ABOVE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Deposit Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Balance Due \_\_\_\_\_ Due Date \_\_\_\_\_

Balance Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Refund Amount Paid \_\_\_\_\_ Date \_\_\_\_\_

Custodian \_\_\_\_\_ No. Hours \_\_\_\_\_ Amount \$ \_\_\_\_\_